

Name
in
Full

Unnamed Infant Bolton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|---|----------------------------|--|--|
| Died at Baillins ^{Town} Howard ^{County} | | MARYLAND | |
| Date of death 190 <u>6</u> | Month <u>4</u> | Day <u>11</u> | Age <u>—</u> Years Months <u>—</u> Days <u>2</u> |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Ind.</u> | |
| Married, Single <u>X</u> or Widowed | | Occupation | |
| Name of Wife or Husband <u>X</u> | | | |
| Father's Name <u>James H. Bolton</u> | | Father's Birthplace <u>Ind.</u> | |
| Mother's Maiden Name <u>Lizzie Johnson</u> | | Mother's Birthplace <u>Ind.</u> | |
| Name of person giving information <u>James Bolton</u> | | How related to deceased <u>Brother</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Congenital heart disease</u> | How long <u>X</u> |
| Immediate <u>X</u> | How long <u>X</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>P. G. Lansdale</u> |
| | Address <u>Dumasens Ind</u> |
| Accident or Suicide? <u>X</u> | |

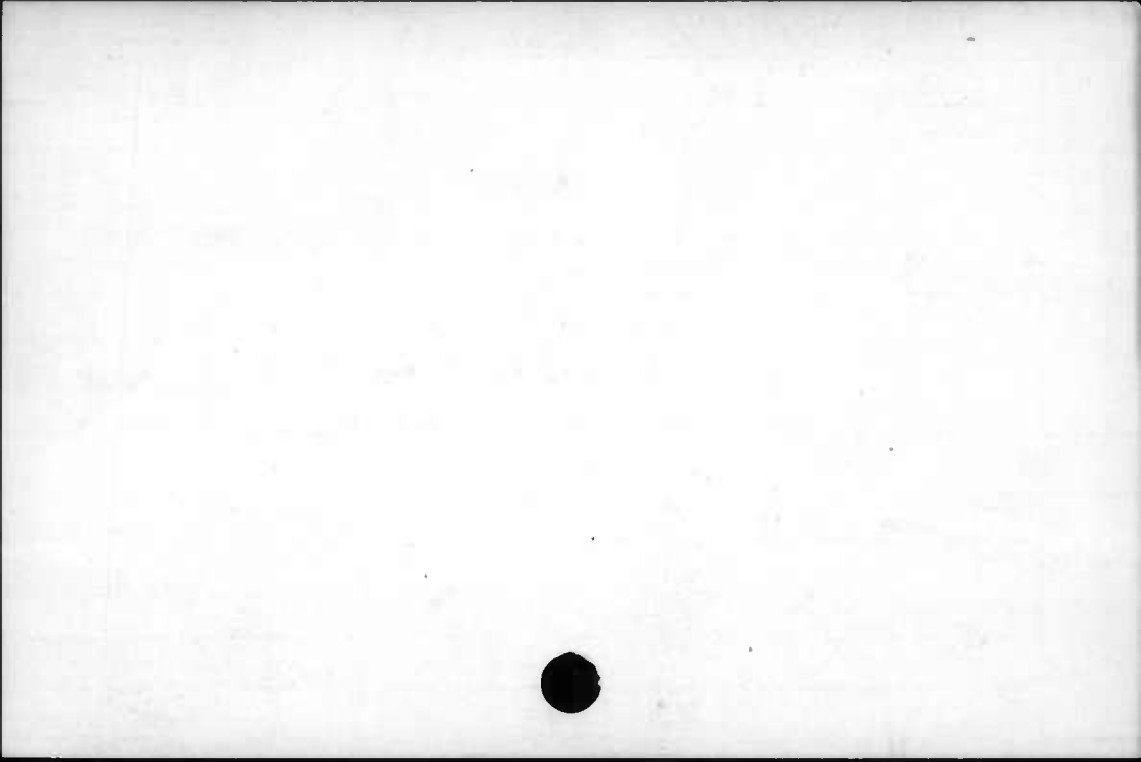


CERTIFICATE OF DEATH

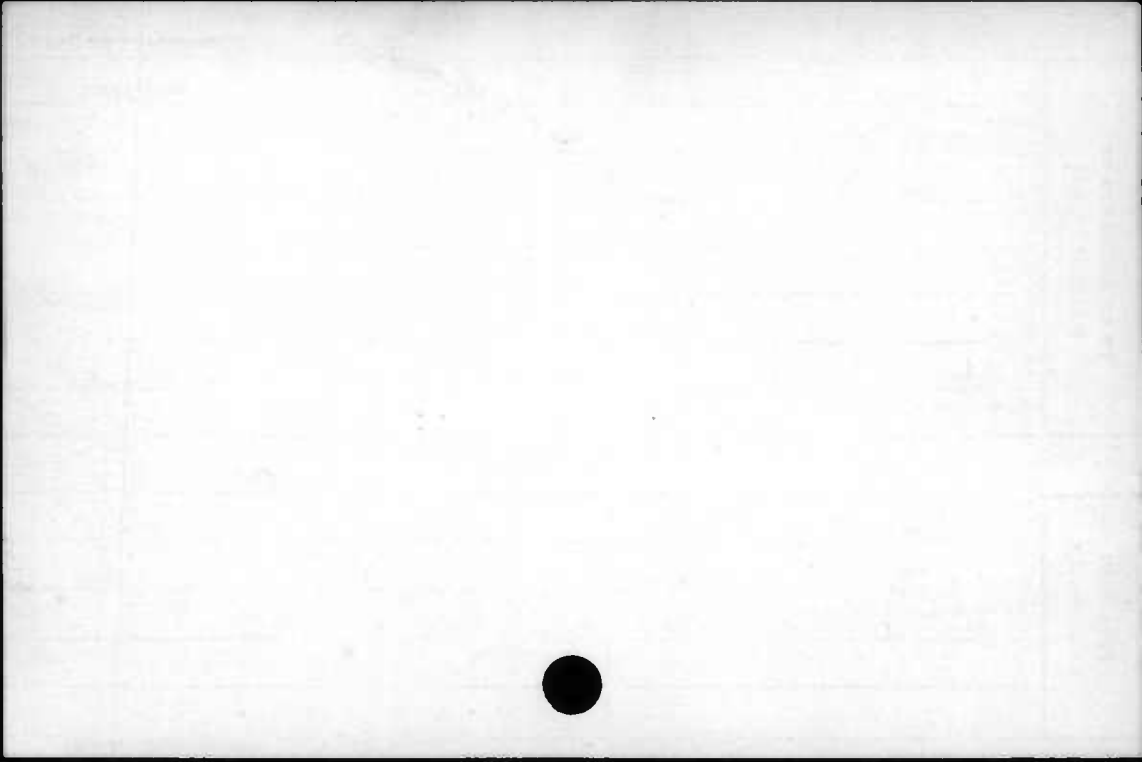
| | | | | | | | |
|------------------------------------|------|--------------------|---|---|---|---------------|----|
| Died at | | Fairview | | Howard | | MARYLAND | |
| Date of death | 1906 | Month | 4 | Day | 4 | Age | 62 |
| Sex | | female | | Color or Race | | white | |
| Occupation | | Housekeeper | | Where Residing if not at place of death | | Fairview | |
| Married, Single or Widowed | | widow | | Name of Wife or Husband | | Eli Chassagne | |
| Fether's Name | | John Chort- | | Father's Birthplace | | France | |
| Mother's Maiden Neme | | Augustine Birabran | | Mother's Birthplace | | France | |
| Name of person giving In formation | | Louis Chassagne | | How related to deceased | | France | |

CAUSES OF DEATH

| | | | | |
|---|--------------|---------------------------|-------------------|-------------|
| Primary | Hepatitis | (114) | How long | 2 weeks |
| Immediate | Exhaustion | | How long | Progressive |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | | |
| | | Address | W. H. L. L. L. L. | |
| Accident or Suicide? | Misdiagnosis | | Savage M.C. | |



| | | | |
|---|--|---|--|
| Name in Full Samuel Clark | | CERTIFICATE OF DEATH | |
| Died at Sea Scaggenee Town | | County Howard | |
| Date of death 1906 Month April Day 12 | | Age 26 Years Months 8 Days | |
| Sex Male | | Color or Race Black | |
| Occupation Laturn | | Birthplace Howard Co | |
| Where Residing if not at place of death Scaggsville | | | |
| Married, Single Yes or Widowed | | Name of Wife or Husband Mrs | |
| Father's Name Samuel Clark | | Father's Birthplace Howard Co | |
| Mother's Maiden Name Anna Clark | | Mother's Birthplace Howard Co | |
| Name of person giving information Go Clark | | How related to deceased Bro | |
| CAUSES OF DEATH | | | |
| Primary Lobular Pneumonia | | How long 8 days | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician J. B. Pryor | |
| | | Address Simul Md | |
| Accident or Suicide? no | | | |



Name
in
Full

Mary R. Clough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

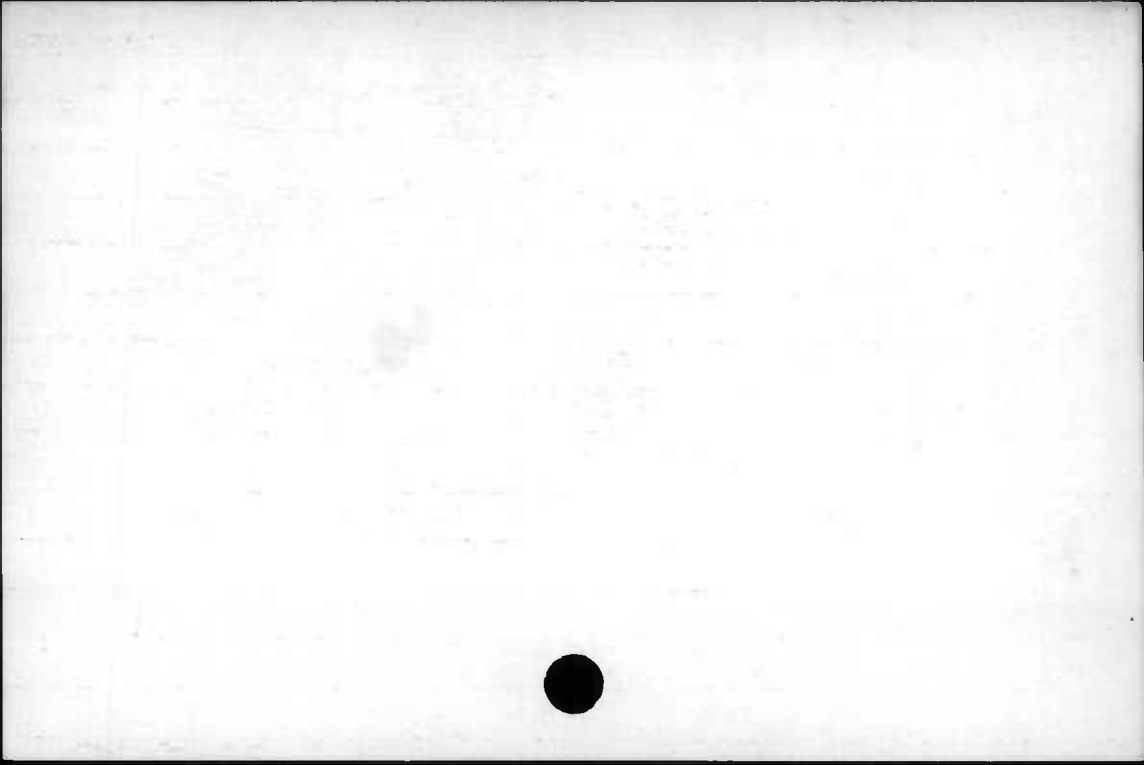
Died at ^{Town} *Alberton*^{County} *Howard*Date
of death *1906*^{Month} *April*^{Day} *24*

Age

^{Years} *38*^{Months} *—*^{Days} *—*Sex *Female*Color or
Race *white*Birth-
place *Maryland*Occupation *House wife*Where Residing if not
at place of death *—*Married, Single
or Widowed *married*Name of Wife or
Husband *William H. Clough*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information *Frank O. Miller*How related
to deceased *not related*

CAUSES OF DEATH

Primary *Suicide by Poison*How long *four days*Immediate *Heart failure*How long *—*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *Bernard H. Wattenhorst, acting*Address *Ellicott City,**Coroner*Accident or Suicide? *Suicide**Maryland*



Name
in
Full

Wm H. Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Savage* ^{Town} *Howard* ^{County} **MARYLAND**

Date of death 1906 ^{Month} 4 ^{Day} 25 Age ^{Years} 39 ^{Months} 8 ^{Days} 10

Sex *male* Color or Race *white* Birth-place *MD*

Occupation *Merchant* Where Residing if not at place of death *Savage*

Married, Single or Widowed *married* Name of Wife or Husband *Maud Cole*

Father's Name *Benj. F. Cole* Father's Birthplace *MD*

Mother's Maiden Name *Susan Lucas* Mother's Birthplace *MD*

Name of person giving information *Benj. F. Cole* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gastritis* **104** How long *6 days*

Immediate *Heart Failure* How long *Sudden*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. H. Williams, M.D.*

Address *Savage*

Accident or Suicide? *no*



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|----------------------------|---------------|--------------------------------------|-------------------------|-----------------|---------------|
| Died at <i>Elcheester</i> | | | County | | MARYLAND | |
| Date of death 190 | Month <i>April</i> | Day <i>22</i> | Age | Years <i>93</i> | Months <i>3</i> | Days <i>4</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Germany</i> | | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>Brother in College</i> | | | |
| Name of Wife or Husband | | | | | | |
| Father's Name | | | | Father's Birthplace | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | |
| Name of person giving information | | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Old age</i> | How long <i>3 years</i> |
| Immediate <i>Debility</i> | How long <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Thos. B. Livings</i> |
| | Address <i>Ellicott City</i> |
| Accident or Suicide? | |



Name
in
Full

William Fields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|---------|--------------------|----------------------------|--|------------|-----------------|------------|
| Died at | | Town Colesville | | County Howard | | MARYLAND | |
| Date of death | 1906 | Month Apr. | Day 8 | Age | Years . | Months 2 | Days 14 |
| Sex | Male | | Color or Race | Black | | Birth- place | md |
| Occupation | Infant. | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name | | | | Samuel Fields | | | |
| Father's Birthplace | | | | md | | | |
| Mother's Maiden Name | | | | Henrietta Hebron | | | |
| Mother's Birthplace | | | | md | | | |
| Name of person giving In formation | | | | Richard Gibson | | | |
| How related to deceased | | | | none | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|-----------|------|---------------------------|----------|
| Primary | Brachitis | (93) | How long | 3 weeks. |
| Immediate | Pneumonia | | How long | 4 days. |
| Are the name, age, sex, color, date and place correctly given above? | | yes. | Signature of Physician | |
| | | | Address | |
| | | | Laurel | |
| Accident or Suicide? | | no | md | |



Name
in
Full

CERTIFICATE OF DEATH

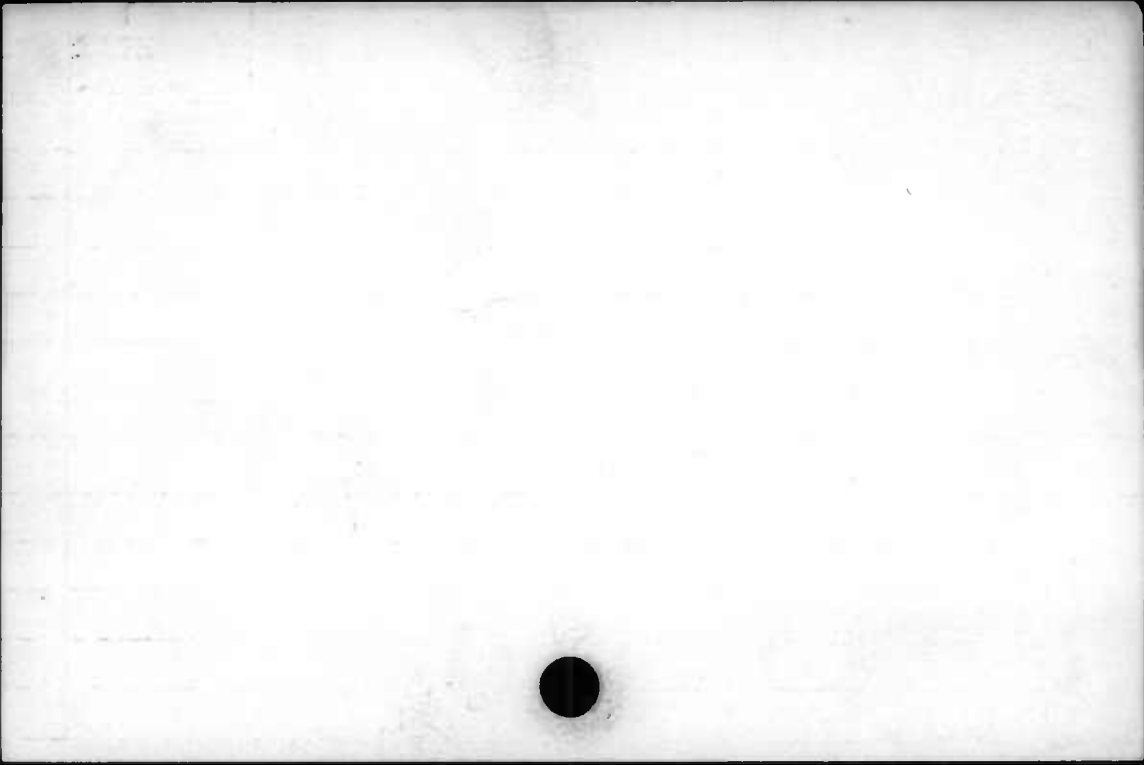
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|---|--|--------------------------|--|
| Name in Full <i>John W. Hall</i> | | Town <i>Ellicott City</i> | | County <i>Howard</i> | | STATE <i>MARYLAND</i> | |
| Died at | | Date of death | | Age | | Months Days | |
| <i>1906 Apr. 6</i> | | <i>60</i> | | <i>60</i> | | <i>—</i> | |
| Sex <i>Male</i> | | Color or Race <i>(Leol)</i> | | Birth- place <i>Md</i> | | | |
| Occupation <i>Coachman</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Mary Hall</i> | | | | | |
| Father's Name <i>—</i> | | Father's Birthplace <i>—</i> | | | | | |
| Mother's Maiden Name <i>Linniah E. Boone</i> | | Mother's Birthplace <i>Md</i> | | | | | |
| Name of person giving In formation <i>Mary Hall</i> | | <i>(47)</i> | | How related to deceased <i>Wife</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Inflammatory Rheumatism</i> | | How long <i>4 mo</i> | |
| Immediate <i>Valvular disease of Heart</i> | | How long <i>—</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | | Signature of Physician <i>John T. Manger Md</i> | |
| | | Address <i>1002 Edmondson ave</i> | |
| Accident or Suicide? <i>—</i> | | | |



Name
in
Full

Owen Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

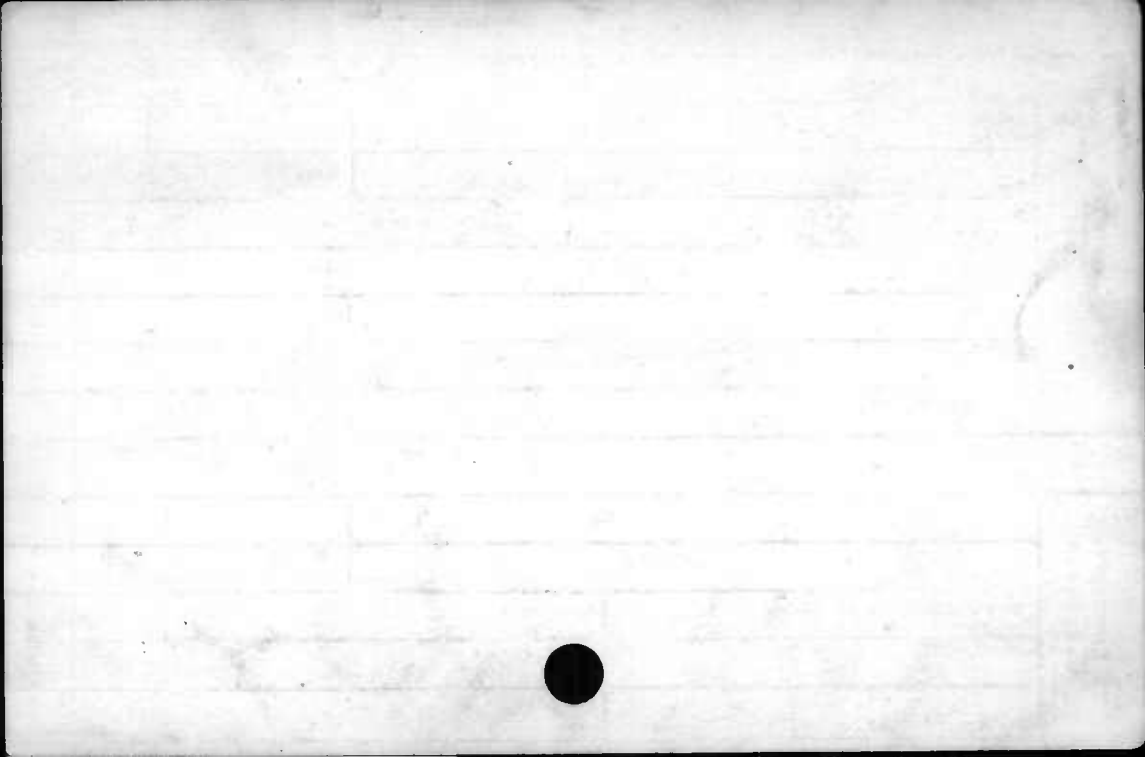
| | | | | | |
|--|--------------------|------------------------------|--|----------------------------------|---------------|
| Died at <i>Eli oak</i> Town | | <i>Howard</i> County | | MARYLAND | |
| Date of death 190 <i>6</i> | Month <i>April</i> | Day <i>18th</i> | Age <i>16</i> Years | Months <i>0</i> | Days <i>3</i> |
| Sex <i>Male</i> | | Color or Race <i>colored</i> | | Birth-place <i>Carroll Co Md</i> | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>laborer on farm</i> | | |
| Name of Wife or Husband <i>None</i> | | | | | |
| Father's Name <i>Wm H. Johnson</i> | | | Father's Birthplace <i>Carroll Co Md</i> | | |
| Mother's Maiden Name <i>Louisa Giles</i> | | | Mother's Birthplace <i>Howard Co Md</i> | | |
| Name of person giving information <i>Wm H. Johnson</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>over 1 yr</i> |
| Immediate <i>Haemorrhage</i> | How long <i>10 minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Berg F. Shipley M.D.</i> |
| | Address <i>alpha</i> |
| | <i>Howard Co Md</i> |

Accepted *Exhibit*



Name in Full:

Certificate of Death

George R. Joyed
 Died at *Barroll Manor Howard Co* **MARYLAND**

Date *1906 April 17* Month *April* Day *17* Y. *21* M. *-* D. *-* Native of *Ind* Occupation *laborer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *0*

Husband
 of

Father's Name *George Joyed* Mother's Name *Baradine*

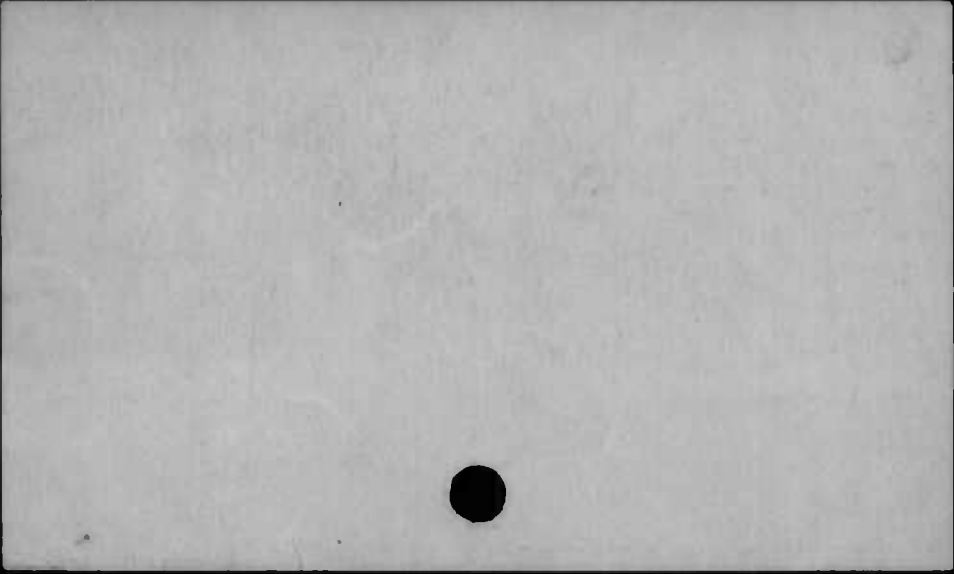
Cause of Death { Primary *Pneumonia* (93) How long sick *one month*
 Immediate *Hemorrhage from lungs* Accident, Suicide, Homicide ☐

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Mary Comfort Kennedy
Near Laurel Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Laurel ^{County} Howard

Date of death 1906 ^{Month} April ^{Day} 6 ^{Age} 85 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place}

Occupation Housewife ^{Where Residing if not at place of death} Near Laurel

Married, Single or Widowed Widow ^{Name of Wife or Husband}

Father's Name ^{Father's Birthplace}

Mother's Maiden Name ^{Mother's Birthplace}

Name of person giving information ^{How related to deceased}

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage ^{How long} Suddenly

Immediate ^{How long}

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. F. Taylor
Address Laurel Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

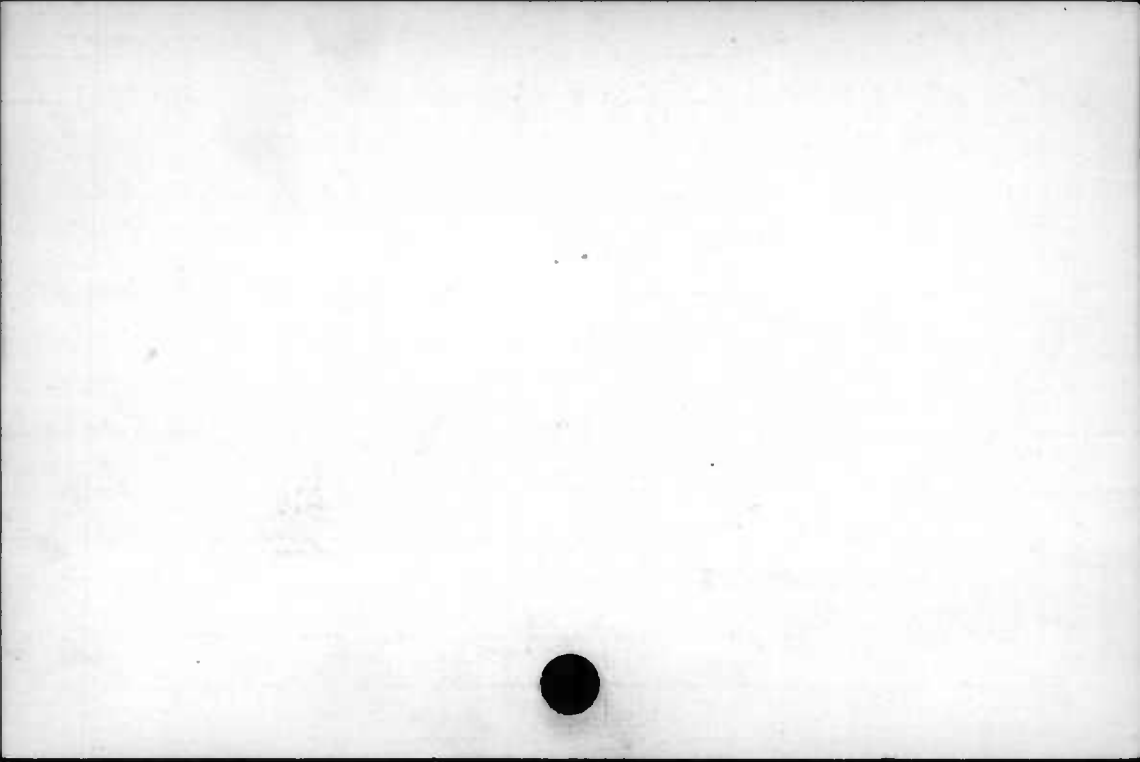
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|--------------------------|--|--------------------------|--|
| Name <i>James David T. Leddy</i> | | Town <i>Hchester</i> | | County <i>Har and</i> | | STATE MARYLAND | |
| Died at | | Date of death | | Age | | Months Days | |
| <i>1906</i> | | <i>April</i> | | <i>11</i> | | <i>23</i> | |
| Sex <i>male</i> | | Color or Race <i>White</i> | | Birth-place | | | |
| Occupation <i>Student</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | |
| Father's Name <i>Patrick's Leddy</i> | | Father's Birthplace <i>New York</i> | | | | | |
| Mother's Maiden Name <i>Ann Cunniff</i> | | Mother's Birthplace <i>Ireland</i> | | | | | |
| Name of person giving information <i>Thos B Brings</i> | | How related to deceased <i>not at all</i> | | | | | |

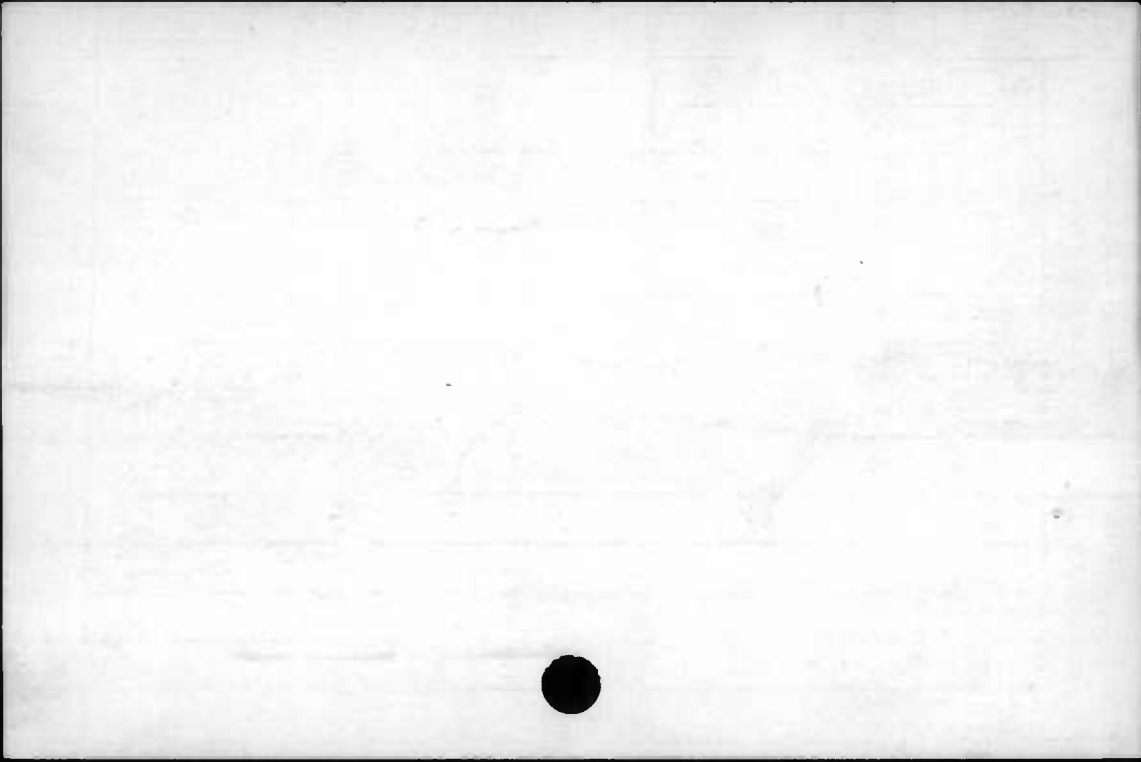
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Tuberculosis</i> | How long <i>1 yr</i> |
| Immediate <i>Exhaustion</i> | How long <i>3 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Thos B Brings</i> |
| | Address <i>Ellicott City</i> |
| Accident or Suicide? | |



| | | | | | | | | |
|-------------------------------------|--|---|----------------------------|---|---|---------------------------------------|-----------------|----------------|
| Name in Full | | Mary Florence Marks | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Harwood</i> <small>Town</small> | | <i>Howard</i> <small>County</small> | | MARYLAND | | |
| | | Date of death | <i>1906</i> | Month <i>April</i> | Day <i>21st</i> | Years <i>21</i> | Months <i>4</i> | Days <i>21</i> |
| | | Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | | |
| | | Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>Harwood</i> | | | | |
| | | Married, Single or Widowed | | Name of Wife Husband <i>Walter H. Marks</i> | | | | |
| | | Father's Name <i>J. F. Litchfield</i> | | | | Father's Birthplace <i>Md.</i> | | |
| | | Mother's Maiden Name <i>Georgeanna Kanely</i> | | | | Mother's Birthplace <i>Md.</i> | | |
| | | Name of person giving information <i>Mrs. J. F. Litchfield</i> | | | | How related to deceased <i>Mother</i> | | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Mitral Stenosis</i> | | | How long <i>about 12 years</i> | | | |
| | | Immediate <i>Cardiac Dilatation &c</i> | | | How long <i>10 mos.</i> | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | | Signature of Physician <i>Wm R. Eareckson</i> | | | |
| | | | | | Address <i>Elk Ridge</i> | | | |
| | | Accident or Suicide? | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

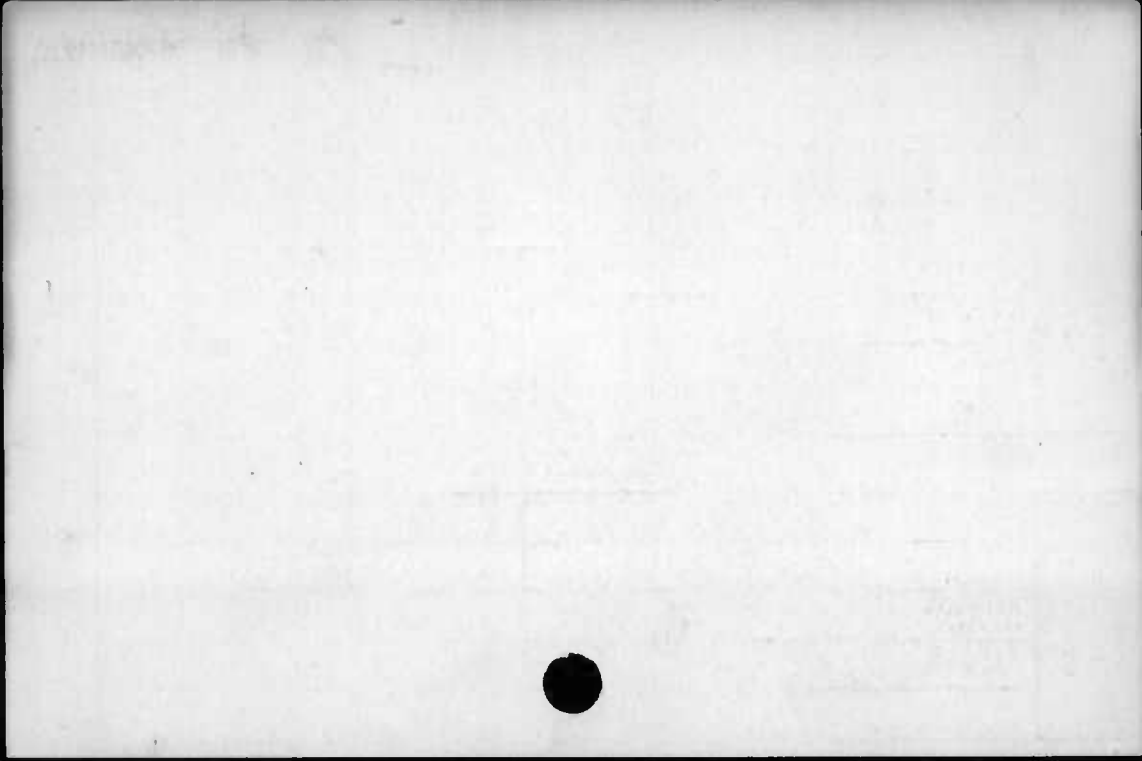
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------------|-------------------------|-------|---|-----------|----------|------|
| Name | | Town | | County | | MARYLAND | |
| Died at | | Glenolen | | Howard | | | |
| Date of death | 1906 | Month | April | Day | 22 | Age | No |
| Sex | Boy | Color or Race | White | Birth-place | Glenolen | Months | Days |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | Emily Cheney | | | |
| Father's Name | Albert N. Musgrove | | | Father's Birthplace | Glenolen | | |
| Mother's Maiden Name | Emily Cheney | | | Mother's Birthplace | Annapolis | | |
| Name of person giving information | Albert N. Musgrove | | | How related to deceased | Father | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-----------|------------------------|-----------------------------------|
| Primary | dead born | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Dr. L. W. Hebb Sr. |
| | | Address | West Friendship Howard Co. Md. |
| Accident or Suicide? | | | |



Name
in
Full

Virgil Thomas Mercer

CERTIFICATE OF DEATH

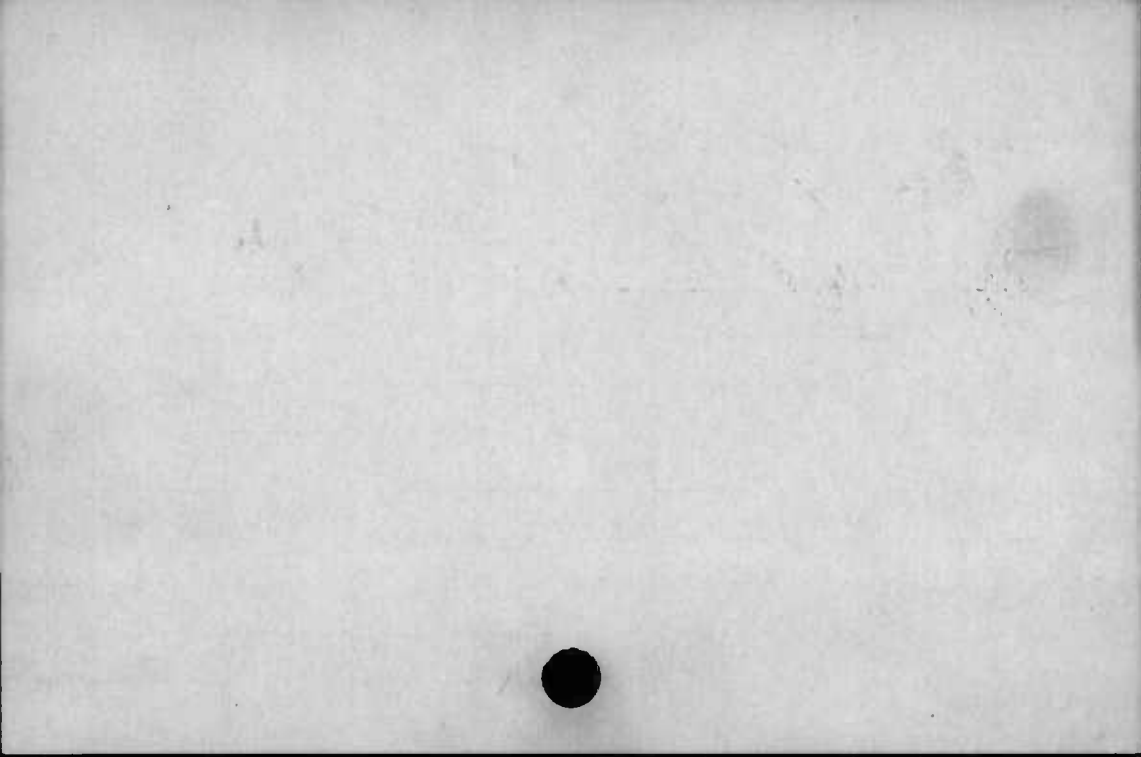
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------------|-------|-------------------------|---|--------|-------------------------|----------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1906 | | Apr. | 25 | Age 84 | | | |
| Sex | Male | | Color or Race | White | | Birthplace | Maryland |
| Occupation | Retired | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband | Mary MacKenzie | | | |
| Father's Name | | | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | |
| Name of person giving information | Nettie Cullen | | | | | How related to deceased | Niece |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------------|--|------------------------|-----------------------|
| Primary | Senile degeneration | | How long | 154 |
| Immediate | Gastritis | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Yes. | | Signature of Physician | Walter B. Rogers M.D. |
| | | | Address | Edmont City, Md. |
| Accident or Suicide? <input checked="" type="checkbox"/> | | | | |



Name In Full

Certificate of Death

Died at *Reginia Page*
 Town *Elk Ridge* County *Howard* MARYLAND
 Date 1906 *April 25th* Month *April* Day *25th* Age *4* Y. *4* M. *—* D. *—* Native of *md* Occupation *—*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female *Colored* *Single* ~~Widower~~ ~~Number of children living~~

Husband of *—*
 Wife *—*

Father's

Name

Wm Henry Page

Mother's

Maiden Name

Mary Emma Page

Cause of

Primary

Death

Immediate

*Pneumonia**(93)*

How long sick

3 Days~~Accident, Suicide, Homicide~~

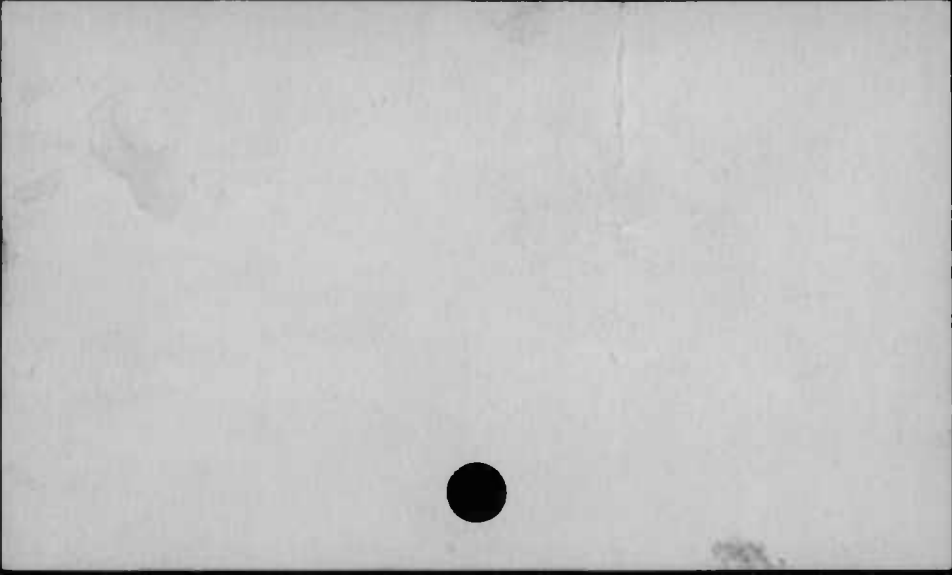
Reported By

H. Garvie, M.D.

Address

Elk Ridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wm A. Reely

CERTIFICATE OF DEATH

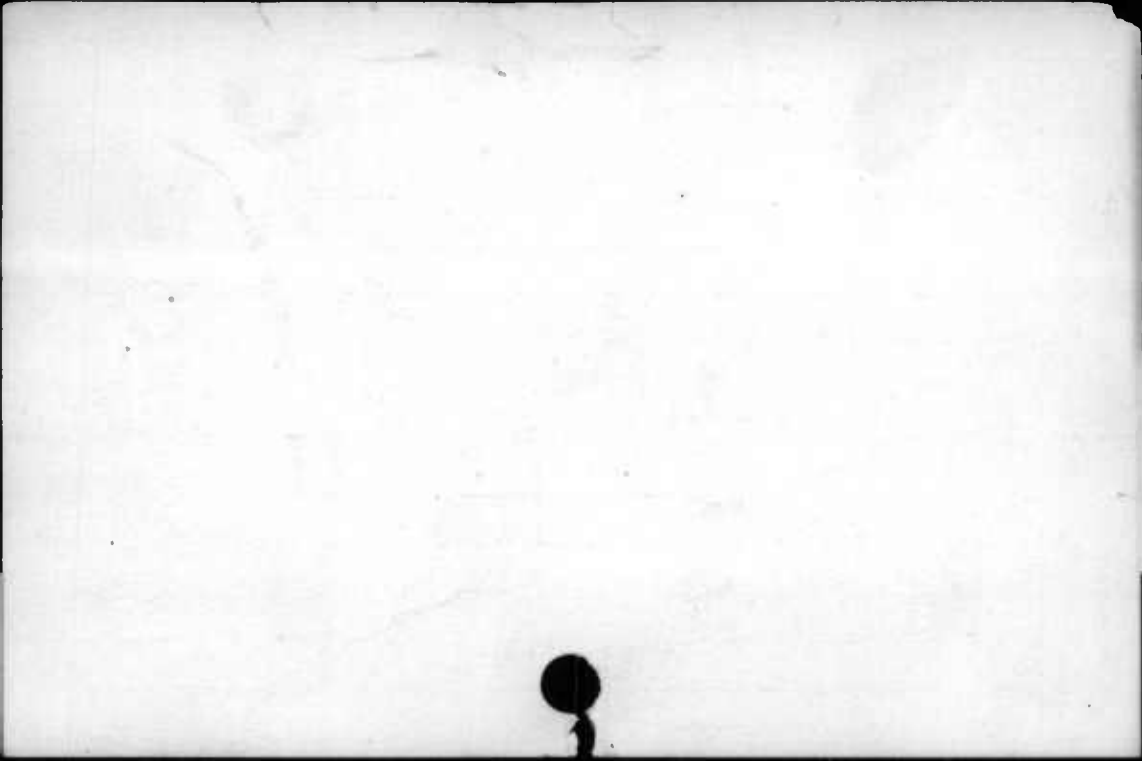
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|------------------|--------------------------|--------------------|------------------|--|
| Died at | | Town <i>Savage</i> | | County <i>Hovvra</i> | | MARYLAND | |
| Date of death | | Month <i>4</i> | Day <i>13</i> | Years <i>65</i> | Months <i>6</i> | Days <i>7</i> | |
| Sex <i>man</i> | | Color or Race <i>white</i> | | Birth-place <i>md</i> | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>married</i> | | Name of Wife or Husband <i>Laura Neke</i> | | | | | |
| Father's Name <i>John Reely</i> | | Father's Birthplace <i>md</i> | | | | | |
| Mother's Maiden Name <i>elack</i> | | Mother's Birthplace <i>md</i> | | | | | |
| Name of person giving information <i>Laura Reely</i> | | How related to deceased <i>wife</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Lobar Pneumonia</i> | | How long <i>14 days</i> | |
| Immediate <i>Meningitis</i> | | How long <i>4 days</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>J. Whittier M.D.</i> | |
| | | Address <i>Savage</i> | |
| Accident or Suicide? <i>Neither</i> | | | |



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Hanover* TownCounty *Howard*

Date

of death *1906*Month *April*Day *6*

Age

Years *26*

Months

Days

Sex *male*Color or
Race *white*Birth-
place *Howard Co md*Occupation *R.R. Employee*Where Residing if not
at place of death *Hanover md*Married, Single
or Widowed *Married*Name of Wife or
HusbandFather's
Name *Michael Reynolds*Father's
Birthplace *md*Mother's
Maiden Name *Catherine Gray*Mother's
Birthplace *md*Name of person giving
information *Father*How related
to deceased *Son*

CAUSES OF DEATH

Primary *Pneumonia Typhoid fever*How long *3 Weeks*Immediate *Convulsions*

How long

Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Cowan & Gill*Address *Elkridge md*Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|---------------------------------|--|--------------------|--|
| Name in Full Michael T Reynolds | | Town Hanover | | County Howard Co | | MARYLAND | |
| Died at Hanover | | Month April | | Day 6th | | Years 26 | |
| Date of death 1903 | | Month April | | Day 6th | | Years 26 | |
| Sex White Male | | Color or Race White | | Birth-place Howard Co | | | |
| Occupation R R Man | | Where Residing if not at place of death Hanover Md | | | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband — | | | | | |
| Father's Name Michael | | Father's Birthplace Ind | | | | | |
| Mother's Maiden Name Catharine Gray | | Mother's Birthplace Ind | | | | | |
| Name of person giving information Father & son | | How related to deceased Father | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary Pneumonia Typhoid Fever and convulsions | How long 3 Weeks |
| Immediate same | How long same |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Arthur Williams |
| | Address Elk Ridge Ind. |
| Accident or Suicide? no | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Fulton* ^{Town}County *Howard*Date
of death *1906*Month *April*Day *10*

Age

Years

Months *8*

Days

Sex *Female*Color or
Race*white*Birth-
place*Howard Co.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Nicholas Ridgely*Father's
Birthplace*Md.*Mother's
Maiden Name*Ida Bell Johnson*Mother's
Birthplace*Md.*Name of person giving
In formation*George P. Johnson*How related
to deceased*uncle*

CAUSES OF DEATH

Primary

Bronchial Pneumonia

How long

2 weeks

Immediate

Commissions

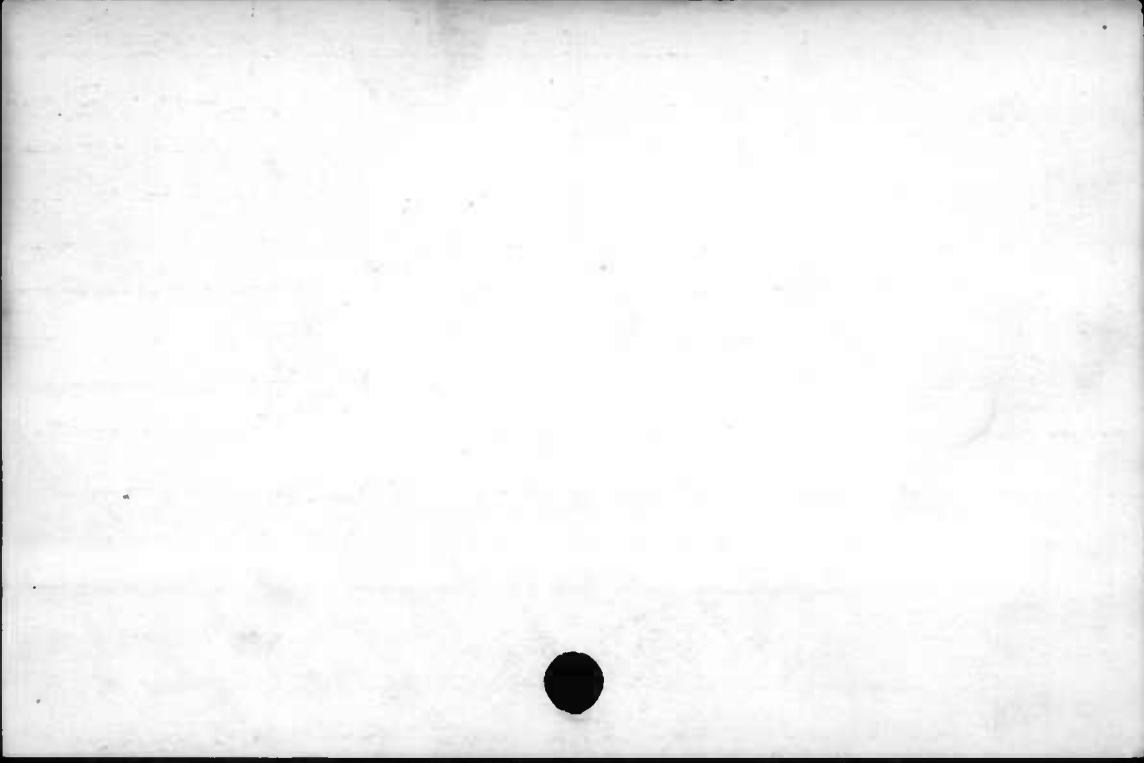
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. L. Cassell*

Address

Highland Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| Name <i>Gertrude Hilton Rowles</i> | | Town <i>Howsey</i> | | County <i>Howard</i> | | MARYLAND | |
| Died at <i>Howsey</i> | | Date of death <i>6 April 1906</i> | | Age <i>17</i> | | Months <i>9</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Howsey</i> | | Days <i>6</i> | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | |
| Father's Name <i>Frank C K Rowles</i> | | Mother's Maiden Name <i>I Ida Herber</i> | | Father's Birthplace <i>Baltimore Md</i> | | Mother's Birthplace <i>Baltimore Md</i> | |
| Name of person giving information <i>Frank C K Rowles</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Dissected & found Heart failure</i> | How long <i>Many years</i> |
| Immediate <i>Same with heart failure</i> | How long <i>A few minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Arthur Williams</i> |
| | Address <i>Elk Ridge Md</i> |
| Accident or Suicide? <i>no</i> | <i>over</i> |

not. ug. at L.

Name
in
Full

William H. Shaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

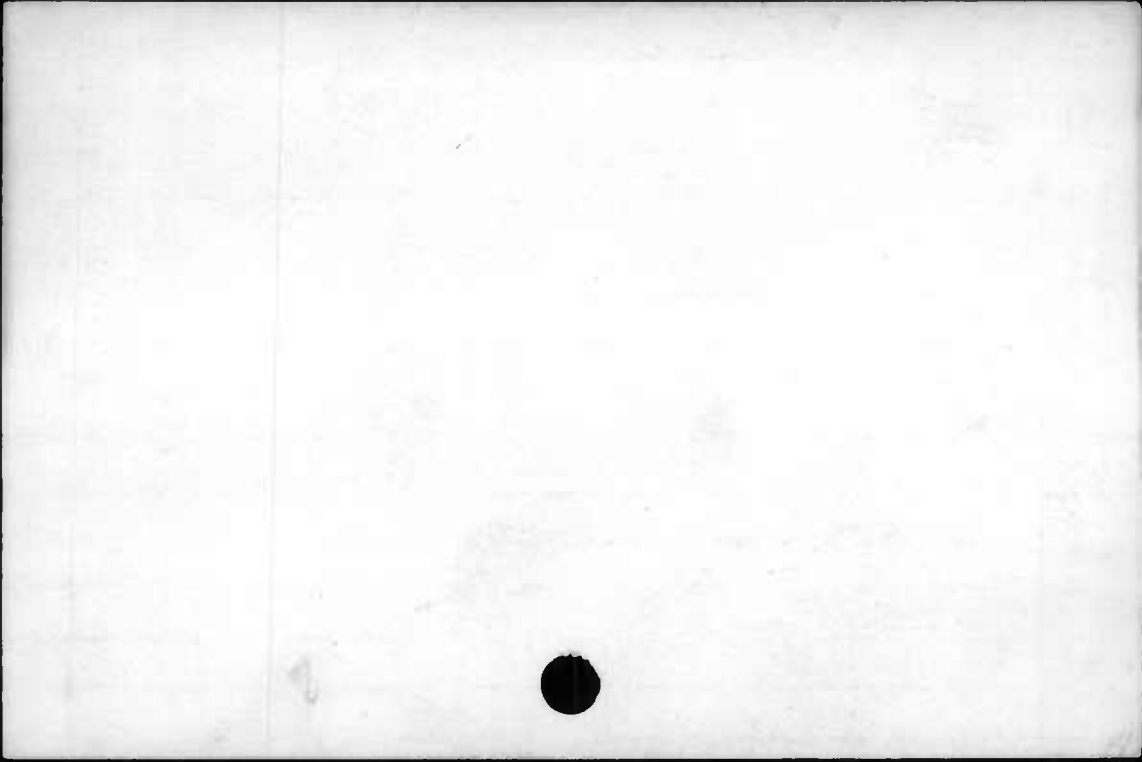
| | | | | | | | |
|-----------------------------------|------|------------------|---|---|---|---------------------|-------------|
| Died at | | Town Savage | | County Howard | | MARYLAND | |
| Date of death | 1906 | Month | 4 | Day | 4 | Age | Years 51 |
| Sex | | male | | Color or Race | | white | |
| Occupation | | Boss Weaver | | Where Residing if not at place of death | | at home | |
| Married, Single or Widowed | | married | | Name of Wife or Husband | | Georgiana Budenrood | |
| Father's Name | | Andrew Shaffer | | Father's Birthplace | | Germany | |
| Mother's Maiden Name | | Lydia A. Robust | | Mother's Birthplace | | Pa | |
| Name of person giving information | | Mr. John Shaffer | | How related to deceased | | Sister-in-law | |

CAUSES OF DEATH

(26)

PHYSICIAN
OR CORONER

| | | | | |
|--|------------------------------------|---------------------|----------|-------------|
| Primary | Laryngeal + Pulmonary Tuberculosis | | How long | 6 mrs |
| Immediate | Exhaustion | | How long | Progressive |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | |
| Signature of Physician | | L. L. Linnicum M.D. | | |
| Address | | Savage | | |
| Accident or Suicide? | | no | | |



Certificate of Death

Town

County

Died at

Date 189

Male

For sale

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address _____

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Occupation

Date 189 4

Male

For sale

Husband

Wife

Father's

Name

Cause of

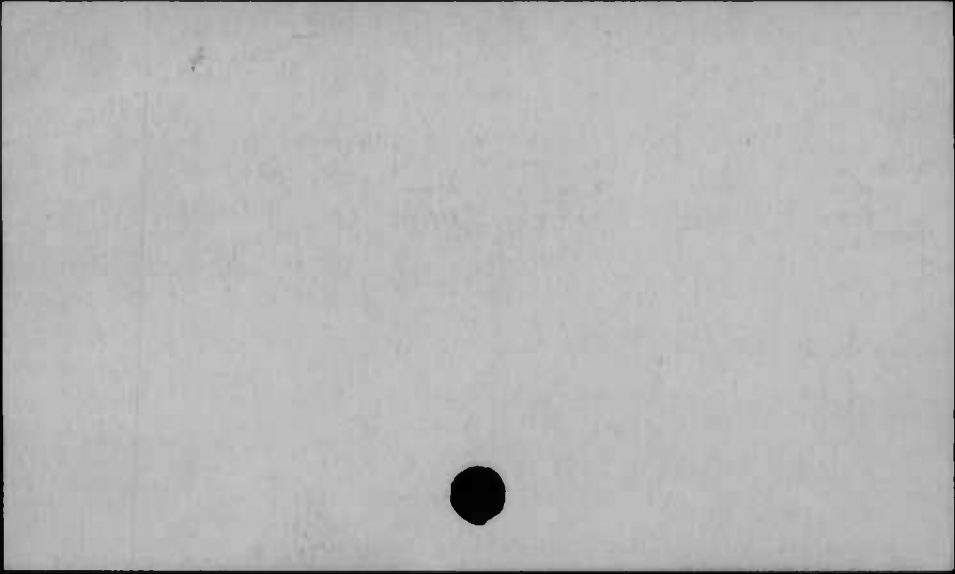
Death

Reported by

Address _____

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968



Name

in
Full

Bertha M. Wallenhorst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|------------------------|----------------------|--------------------|--|----------------------------|-----------------|-----------|
| Died at | | Town Elliott City | | County Howard | | MARYLAND | |
| Date of death | 1906 | Month April | Day 14 | Age | Years 63 | Months 9 | Days — |
| Sex | female | | Color or Race | white | | Birth- place | Germany |
| Occupation | House wife | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | | Name of Husband | Bernard H. Wallenhorst | | | |
| Father's Name | Wilhelm Singeman | | | | Father's Birthplace | Germany | |
| Mother's Maiden Name | Catharine Samke | | | | Mother's Birthplace | Germany | |
| Name of person giving In formation | Bernard H. Wallenhorst | | | | How related to deceased | Husband | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------------------|---------------------------|--------------------|
| Primary | Round Ulcer of Stomach | How long | 6 weeks |
| Immediate | Hemorrhage Exhaustion | How long | 6 weeks |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Dr. B. Drings M.D. |
| yes | | Address | Elliott City |
| Accident or Suicide? | | | |

